## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

ATURE AND TYPED OR PRINTED NAME OF

## Apr 28, 2005 8:00 am Secretary of State **DOCUMENT #559269** 04-28-2005 90177 025 \*\*\*150.00 1. Entity Name JORDON & SON, INC. 140000 Principal Place of Business Mailing Address 16 E MAIN ST 16 E MAIN ST AVON PARK, FL 33825 AVON PARK, FL 33825 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01202005 Chg-P CR2E034 (10/03) City & State City & State 4. EEI Number Applied For 59-1810682 Not Applicable Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name JORDON, RANDY Street Address (P.O. Box Number is Not Acceptable) 16 E MAIN ST AVON PARK, FL 33825 City Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, lyped or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution, After May 1, 2005 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 SD TITLE ☐ Delete TITLE Change Addition JORDON, CHRISTINA NAME NAME STREET ADDRESS 1014 U S 27 S STREET ADDRESS CITY - ST - ZIP AVON PARK, FL CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition JORDON, RANDY D NAME NAME STREET ADDRESS 1014 U S 27 S STREET ADDRESS AVON PARK, FL CITY-ST-ZIP CITY-ST-ZIP Delete TITLE THLE ☐ Channe ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY+ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attacking in with an address, with all other like empowered.

**FILED**